

## APPLICATION DATA SHEET

| Application Information              |  |
|--------------------------------------|--|
| Application Number:                  |  |
| Filing Date:                         | March 26, 2004                         |
| Application Type:                    | Regular                                |
| Subject Matter:                      | Utility                                |
| Suggested Classification:            |  |
| Suggested Group Art Unit:            |  |
| CD-ROM or CD-R:                      |  |
| Number of CD disks:                  |  |
| Number of Copies of Cds:             |  |
| Sequence Submission:                 |  |
| Computer Readable Form (CRF):        |  |
| Number of Copies of CRF:             |  |
| Title:                               | CANCEROUS DISEASE MODIFYING ANTIBODIES |
| Attorney Docket Number:              | 2056.029                               |
| Request for Early Publication:       |  |
| Request for Non-Publication:         |  |
| Suggested Drawing Figure:            |  |
| Total Drawing Sheets:                | 4 sheets                               |
| Small Entity                         | Yes                                    |
| Petition Included:                   |  |
| Petition Type:                       |  |
| Licensed US Govt. Agency:            |  |
| Contract or Grant Numbers:           |  |
| Secrecy Order in Parent Application: |  |

| Applicant Information                  |                                  |
|--|----------------------------------|
| Applicant Authority Type:              | Inventor                         |
| Primary Citizenship Country:           | Canada                           |
| Status:                                | Full Capacity                    |
| Given Name:                            | David                            |
| Middle Name:                           | S. F.                            |
| Family Name:                           | Young                            |
| Name Suffix:                           |                                  |
| City of Residence:                     | Toronto                          |
| State or Province of Residence:        | Ontario                          |
| Country of Residence:                  | Canada                           |
| Street of Mailing Address:             | 33 University Avenue, Suite 2407 |
| City of Mailing Address:               | Toronto                          |
| State or Province of Mailing Address:  | Ontario                          |
| Country of Mailing Address:            | Canada                           |
| Postal or Zip Code of Mailing Address: | M5J 2S7                          |

| Applicant Information                  |                   |
|--|-------------------|
| Applicant Authority Type:              | Inventor          |
| Primary Citizenship Country:           | Canada            |
| Status:                                | Full Capacity     |
| Given Name:                            | Susan             |
| Middle Name:                           | E.                |
| Family Name:                           | Hahn              |
| Name Suffix:                           |                   |
| City of Residence:                     | Toronto           |
| State or Province of Residence:        | Ontario           |
| Country of Residence:                  | Canada            |
| Street of Mailing Address:             | 9 Innisfree Court |
| City of Mailing Address:               | Toronto           |
| State or Province of Mailing Address:  | Ontario           |
| Country of Mailing Address:            | Canada            |
| Postal or Zip Code of Mailing Address: | M6P 3N7           |

| Applicant Information                  |                      |
|--|----------------------|
| Applicant Authority Type:              | Inventor             |
| Primary Citizenship Country:           | Canada               |
| Status:                                | Full Capacity        |
| Given Name:                            | Helen                |
| Middle Name:                           | P.                   |
| Family Name:                           | Findlay              |
| Name Suffix:                           |                      |
| City of Residence:                     | Toronto              |
| State or Province of Residence:        | Ontario              |
| Country of Residence:                  | Canada               |
| Street of Mailing Address:             | 205 Glendonwyne Road |
| City of Mailing Address:               | Toronto              |
| State or Province of Mailing Address:  | Ontario              |
| Country of Mailing Address:            | Canada               |
| Postal or Zip Code of Mailing Address: | M6P 3E9              |

| Correspondence Information             |                          |
|--|--------------------------|
| Correspondence Customer Number:        | 21917                    |
| Name:                                  | McHALE & SLAVIN, P.A.    |
| Street of Mailing Address:             | 2855 PGA Boulevard       |
| City of Mailing Address:               | Palm Beach Gardens       |
| State or Province of Mailing Address:  | Florida                  |
| Country of Mailing Address:            | United States of America |
| Postal or Zip Code of Mailing Address: | 33410-2910               |
| Telephone:                             | (561) 625-6575           |
| Facsimile:                             | (561) 625-6572           |
| E-Mail Address:                        | palmbeach@mspatents.com  |

| Representative Information           |                        |      |
|--------------------------------------|------------------------|------|
| Representative Customer<br>No. 21917 | Registration<br>Number | Name |

| Domestic Priority Information |                      |                    |                    |
|-------------------------------|----------------------|--------------------|--------------------|
| Application                   | Continuity Type      | Parent Application | Parent Filing Date |
| This application              | Continuation-in-Part | 10/713,642         | 11/13/2003         |
| 10/713,451                    | Continuation         | 09/727,361         | 11/29/2000         |
| 09/727,361                    | Continuation-in-Part | 09/415,278         | 10/08/1999         |

| Foreign Priority Information |                    |             |                  |
|------------------------------|--------------------|-------------|------------------|
| Country                      | Application Number | Filing Date | Priority Claimed |
|                              |                    |             |                  |

| Assignee Information                   |  |
|--|--|
| Assignee Name:                         |  |
| Street of Mailing Address:             |  |
| City of Mailing Address:               |  |
| State or Province of Mailing Address:  |  |
| Country of Mailing Address:            |  |
| Postal or Zip Code of Mailing Address: |  |